ASSIGNMENT  Veh No: SMAG178D: Yr Regri: 3019   August  To larged Vehicle No: at Worlshop m/s  of Surf Insured	ASS, REG. BY	REF: CS AIG 25	500 6308 Av13
Truck   Trailer or			
Truck   Trailer or	From:	Date:	Veh No: SMA6178D - Yr Regn: 2019 / August
To Inspect Vehicle for all Workshop m/s of all Workshop m/s of all Workshop m/s of sal	Estimated Cost:		
Sp. Reading 601 \( \) T.Radio: Insured / Std / IN / NA EngNo: Claims No. Claims No. Sum Insured: Excess:  (Claim's Record) Make of Veh:  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  Bal. or Markel Value: IDAC Accident Rport: Consistent?: Yes or No GLA / PR Seen: Consistent?: Yes or No CLa / REV / REP. / 24 HRS Vehicle: IN / OUT  Date: Person Contacted:  Person Contacted:  Person Contacted:  Person Contacted:  Days Of Repair:  Action / Instruction  The U/C / Chassis frame / Body Structure affected due to collision.  Days Of Repair:  1 Survey Fee: Transportation: Telefrine, File Pasts No Clede Tree, File Pasts No Clede Tree Clede	OD (TP)WS/	TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
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Eng/No:   Claims No.   Claims No.   Claims No.   Sum Insured:   Excess:   Excess:   Client's Record)   Make of Velt:   Steering:   Indige / Janned / Leaked / Burnt or   Steering:   Indige / Janned / Janned / Leaked / Burnt or   Steering:   Indige / Janned / Leaked / Burnt or   Steering:   Indige / Janned / Janned / Leaked / Burnt or   Steering:   Indige / Janned / Leaked / Burnt or   Steering:   Indige / Janned / Leaked / Burnt or   Steering:   Indige / Janned / Leaked / Burnt or   Steering:   Indige / Janned / Leaked / Burnt or   Steering:   Indige / Janned / Janned / Leaked / Burnt or   Steering:   Indige / Janned	at Workshop m	n/s	Colour Bronze - A/C: Insured / Std / NI / NA
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## SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Managerment Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	08/06/:2020 13:35
Date Of Accident	06/06/2020 14:20
Exact Location Of Accident	117B RIVERVALE DR CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN6 178D
Insured/Policyholder	
Name Of Registered Owner	GOODYEAR SERVICES
Co Reg No	5XXXX102E
Email Address	CRAY'CHING@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90105540
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	SIENTA.
Exact Purpose for which vehicle was being used a time of accident	t
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110949422-000037
Cover Note Number	
Driver	
Name of Driver	MUH/AMMAD SYAFIQ BIN A YAZID
NRIC No	SXXXX285Z
Date Of Birth	24/10/1993
Occupation	OUTDOOR

06/10/2015

MALE

4 YEARS AND 8 MONTHS

(LOCAL) +65-90105540

Date Of Driving Pass Driving Experience

Gender

Mobile Number

Fax Number Contact Number

EMail Address NOEMAIL

Address

BLK 170 WOODLANDS ST 11 #02-59

Postcode

730170

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

NO

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

**CLEAR** 

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes. Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACHED.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

**SLK3458T** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

JAYDEN SHEN

NRIC/Passport Number

Contact Number

81002179

Address

NA

Postcode

MA NA

Insurance Company Name

Nature Of Damage

NA

No. Of Passenger (Including Driver)

Page 2 of 11

## Accident Sketch Plan Pg. 1

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and or the Authorised Driver.
- Information provided must be as <u>truthful and accurate</u> as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

) understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of the purpose(s).
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administerin g, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved! in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

REG. NO: 53319102E

Driver's Signature (If driver is not the policyholder)

Date & Time:

8/06/2020

14141

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN A= SMN6178D B= SLK24597

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 06/06/2020, 2-20 PM, I WAS TRAVELLING ALDNG RIVERVALE DR,
I WAS ENTERING CARPARE 1128 RIVERVALE DR WITH THE LEFT SIGNAL
INDICATOR GIVEN BEFORE MAKING THE MEN. LYDDONLY, I HEARD A
LOUD BANG. I REALISED THAT VESTICIE B DRINE OFF. I FOLLOW MATELE B.
MAD SOUND OUT MY HORN AND HE ON HIS HAZARD LIGHT, AS I WAS ABOUT
TO PRUBETT, HE OFF THE HAZARD WIGHT AND DROVE OFF HERMA. I CONTINUED
TO FOLLOW VEHICLES, PAYD HE PILLYCLY LAME TO A STOP & THE DELYCE
AUGHTED.

DECLARATION

ilars are true in every respect.

Policyholder's Sig Date & Time:

8/06/2020 14144 Reporting Centre Personnel's Signature Name: NRIC/FIN No.